| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF TENNESSEE | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Ashley First name Marie Middle name Chambers Last name and Suffix (Sr., Jr., II, III) | Kenneth First name Avery Middle name Chambers Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | Ashley Marie Lasley | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0642 | xxx-xx-4864 |

Case number (if known)

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|---|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs |
| Where you live | 986 Silty Dr Clarksvillle, TN 37042 | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code |
| | Montgomery | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) Business name(s) Business name(s) EINs Where you live 986 Silty Dr Clarksvillle, TN 37042 Number, Street, City, State & ZIP Code Montgomery County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing this district to file for bankruptcy Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |

| | otor 1 otor 2 | Ashley Marie Char Kenneth Avery Ch | | | | | Case number (if known) | |
|-----|------------------------|---|-------------------|---|---|---|---|----------------|
| Par | t 2: | Tell the Court About \ | our Bank | ruptcy Ca | ase | | | |
| 7. | Bank | chapter of the cruptcy Code you are | | | | , see <i>Notice Required b</i> and check the appropri | y 11 U.S.C. § 342(b) for Individuals Filing for Bankrupto ate box. | ;y |
| | cnoc | sing to file under | ■ Chapt | er 7 | | | | |
| | | | ☐ Chapt | er 11 | | | | |
| | | | ☐ Chapt | er 12 | | | | |
| | | | ☐ Chapt | er 13 | | | | |
| 8. | How | you will pay the fee | abo ord a p | out how your er. If your re-printed | ou may pay. Typically, i attorney is submitting y address. | f you are paying the fee your payment on your be | eck with the clerk's office in your local court for more de yourself, you may pay with cash, cashier's check, or mehalf, your attorney may pay with a credit card or check of the sign and attach the Application for Individuals to F | oney with |
| | | | ☐ I re but | e Filing Fe quest that is not requires to you | ee in Installments (Offici at my fee be waived (Youred to, waive your fee our family size and you | al Form 103A). You may request this option only if you may do so only if you unable to pay the fee | ion only if you are filing for Chapter 7. By law, a judge n your income is less than 150% of the official poverty lin- e in installments). If you choose this option, you must fill fficial Form 103B) and file it with your petition. | nay, e that |
| 9. | | you filed for | ■ No. | | | | | |
| | | ruptcy within the 3 years? | □ Yes. | | | | | |
| | | , | — 100. | District | | When | Case number | |
| | | | | District | | When | Case number | |
| | | | | District | | When | Case number | |
| 10. | | nny bankruptcy | ■ No | | | | | |
| | filed not f you, | s pending or being by a spouse who is iling this case with or by a business er, or by an ate? | ☐ Yes. | | | | | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| 11. | | ou rent your lence? | □ No. | Go to I | ine 12. | | | |
| | .0310 | | Yes. | Has yo | our landlord obtained ar | n eviction judgment again | nst you? | |
| | | | | | No. Go to line 12. | | | |
| | | | | | Yes. Fill out <i>Initial Sta</i> bankruptcy petition. | tement About an Eviction | n Judgment Against You (Form 101A) and file it with thi | S |
| | | | | | | | | |

| | tor 1 Ashley Marie Chartor 2 Kenneth Avery Ch | mbers nambers | | | Case number (if known) |
|------|---|--------------------|---------------------|----------------------------------|--|
| Part | t 3: Report About Any Bu | sinesses | You Own a | s a Sole Proprie | etor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Pa | art 4. | |
| | | ☐ Yes. | Name a | nd location of bus | siness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of | business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number | , Street, City, Sta | ate & ZIP Code |
| | it to this petition. | | | | ox to describe your business: |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | I Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | 1 🗆 | None of the above | re |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadline operation | s. If you indi | cate that you are statement, and | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am not | filing under Chap | pter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filin Code. | g under Chapter | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filin | g under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Part | 4: Report if You Own or | Have Any | / Hazardous | Property or An | ny Property That Needs Immediate Attention |
| 14. | Do you own or have any property that poses or is | ■ No. | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the | e hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | e attention is | |
| | | | | ., | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is th | ne property? | |
| | • | | | | Number, Street, City, State & Zip Code |
| | | | | | |

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | tor 1 tor 2 | Ashley Marie Char Kenneth Avery Ch | | | Case nu | imber (if known) |
|------|---|--|--|--|--|--|
| Part | t 6: | Answer These Questi | ions for Re | eporting Purposes | | |
| 16. | Wha | t kind of debts do have? | 16a. | · · · · · · · · · · · · · · · · · · · | | defined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | | Yes. Go to line 17. | | |
| | | | 16b. | Are your debts primarily busine money for a business or investme | | |
| | | | | ☐ No. Go to line 16c. | | |
| | | | | ☐ Yes. Go to line 17. | | |
| | | | 16c. | State the type of debts you owe th | at are not consumer debts or bus | siness debts |
| 17. | | ou filing under oter 7? | □ No. | I am not filing under Chapter 7. Go | to line 18. | |
| | after prop | ou estimate that any exempt erty is excluded and | ■ Yes. | I am filing under Chapter 7. Do yo are paid that funds will be available | | property is excluded and administrative expenses tors? |
| | administrative expenses are paid that funds will | | | ■ No | | |
| | distr | vailable for ibution to unsecured itors? | | ☐ Yes | | |
| 18. | | many Creditors do | 1 -49 | | 1 ,000-5,000 | □ 25,001-50,000 |
| | you owe | estimate that you ? | □ 50-99 | | ☐ 5001-10,000 ☐ 40,004,05,000 | □ 50,001-100,000 |
| | | | ☐ 100-19 ☐ 200-99 | | ☐ 10,001-25,000 | ☐ More than100,000 |
| 19. | | much do you | \$0 - \$5 | 50,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | | imate your assets to worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$100,000,001 - \$100 million | |
| 20. | | much do you nate your liabilities | □ \$0 - \$5 | • | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | to be | | | 01 - \$100,000 001 - \$500,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | | □ \$500,001 - \$1 million | | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| Part | t 7: | Sign Below | | | | |
| For | you | | I have exa | amined this petition, and I declare u | under penalty of perjury that the i | nformation provided is true and correct. |
| | | | | | | gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7. |
| | | | | ney represents me and I did not pa t, I have obtained and read the noti | | is not an attorney to help me fill out this)). |
| | | | I request | relief in accordance with the chapte | er of title 11, United States Code, | specified in this petition. |
| | | | | cy case can result in fines up to \$25 | | ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | | /s/ Ashle | ey Marie Chambers | | Avery Chambers |
| | | | | Marie Chambers of Debtor 1 | Kenneth Av Signature of D | ery Chambers ebtor 2 |
| | | | Executed | on March 21, 2019 MM / DD / YYYY | Executed on | March 21, 2019 MM / DD / YYYYY |

| Ashley Marie Chambers Kenneth Avery Chambers | Case number (if known) | |
|---|------------------------|--|
| | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ John T. Maher | Date | March 21, 2019 |
|--|---------------|-------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| John T. Maher 19486 | | |
| Printed name | | |
| The Kennedy Law Firm | | |
| Firm name | | |
| 127 S. Third St. | | |
| Clarksville, TN 37040 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 931-645-9900 | Email address | john.maher.bk@gmail.com |
| 19486 TN | | |
| Bar number & State | | |

| Fill | in this inform | nation to identify your case: | | |
|--------|------------------------------|--|------------|---------------------------------|
| | btor 1 | Ashley Marie Chambers | | |
| Dol | htor 2 | First Name Middle Name Last Name | | |
| 1 | ouse if, filing) | Kenneth Avery Chambers First Name Middle Name Last Name | | |
| Uni | ited States Ban | kruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE | | |
| Cas | se number | | | |
| (if kr | nown) | | | ck if this is an nded filing |
| | | | | Ü |
| Of | ficial For | m 106Sum | | |
| Su | mmary o | Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| info | rmation. Fill o | nd accurate as possible. If two married people are filing together, both are equally responsible fout all of your schedules first; then complete the information on this form. If you are filing amend as, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Par | rt 1: Summa | arize Your Assets | | |
| | | | | assets of what you own |
| 1. | Schedule A/ 1a. Copy line | B: Property (Official Form 106A/B) 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line | e 62, Total personal property, from Schedule A/B | \$ | 26,377.00 |
| | 1c. Copy line | e 63, Total of all property on Schedule A/B | \$ | 26,377.00 |
| Par | rt 2: Summa | arize Your Liabilities | | |
| | | | | liabilities nt you owe |
| 2. | | Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 22,576.00 |
| 3. | | F: Creditors Who Have Unsecured Claims (Official Form 106E/F) e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 25,926.00 |
| | 3b. Copy the | e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 20,565.02 |
| | | Your total liabilities | \$ | 69,067.02 |
| Par | rt 3: Summa | arize Your Income and Expenses | | |
| 4. | | Your Income (Official Form 106I) ombined monthly income from line 12 of Schedule I | \$ | 5,936.23 |
| 5. | | Your Expenses (Official Form 106J) onthly expenses from line 22c of <i>Schedule J</i> | \$ | 5,914.00 |
| Par | rt 4: Answei | r These Questions for Administrative and Statistical Records | | |
| 6. | - | g for bankruptcy under Chapters 7, 11, or 13? I have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other s | chedules. |
| 7. | ■ Yes What kind o | f debt do you have? | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,865.08

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total c | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 24,926.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 1,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 25,926.00 |

Best Case Bankruptcy

| Case nur | filing) States Bank | First Name Kenneth Avery Chamb First Name MIDE | | | |
|-----------------------------------|------------------------|---|--|--|------------------------|
| Spouse, if f United St Case nur | filing) States Bank | First Name | | | |
| Case nur | | runtou Court for the MIDE | Middle Name Last Name | | |
| ase nur | | | DLE DISTRICT OF TENNESSEE | | |
| Officia | ımber | rupicy Court for thewibb | PLE DISTRICT OF TENNESSEE | | |
| | | | | | ☐ Check if this is a |
| | | | | | amended filing |
| | | | | | |
| Sche | al Forr | n 106A/B | | | |
| | edule | A/B: Propert | V | | 12/15 |
| each ca | | | List an asset only once. If an asset fits in more than o | ne category, list the asset in | the category where you |
| | | | ossible. If two married people are filing together, both a rate sheet to this form. On the top of any additional pag | | |
| | very questio | | rate sheet to this form. On the top of any additional pag | cs, write your name and cas | e number (ii known). |
| art 1: | Describe Ea | ch Residence, Building, Land. | or Other Real Estate You Own or Have an Interest In | | |
| | | g,g, | | | |
| Do you | ı own or hav | e any legal or equitable intere | est in any residence, building, land, or similar property? | | |
| ■ No. (| Go to Part 2. | | | | |
| _ | . Where is th | e property? | | | |
| | | - 1 - 1 - 9 | | | |
| Part 2: | Describe Yo | ur Vehicles | | | |
| □ No ■ Yes | 3 | | | | |
| 3.1 Ma | lake: Do | dge | Who has an interest in the property? Check one | Do not deduct secured cl | |
| Мс | lodel: Gr | and Caravan | ☐ Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| Ye | ear: 20 | | Debtor 2 only | Current value of the | Current value of the |
| Ap | pproximate n | nileage: 50000 | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Ot | ther informat | ion: | \square At least one of the debtors and another | | |
| | | | ☐ Check if this is community property | \$16,200.00 | \$16,200.0 |
| | | | (see instructions) | | + 1, 11 |
| | | | | | |
| 3.2 Ma | lake: Ch | rysler | Who has an interest in the property? Check one | Do not deduct secured cl the amount of any secure | |
| Мо | lodel: 30 | 0 | ☐ Debtor 1 only | Creditors Who Have Clair | |
| Ye | ear: 20 | | Debtor 2 only | Current value of the | Current value of the |
| Ap | pproximate m | nileage: 280000 | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Ot | ther informat | ion: | ☐ At least one of the debtors and another | | |
| | | | Check if this is community property (see instructions) | \$1,710.00 | \$1,710.0 |
| | | | | | |
| Woto- | roraft aira- | aft motor homes ATVs a | ad other regrestional vehicles, other vehicles, and | l accessories | |
| | | | nd other recreational vehicles, other vehicles, and atercraft, fishing vessels, snowmobiles, motorcycle at | | |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 Debtor 2 | Ashley Mari Kenneth Av | e Chambers ery Chambers | Case number (if kr | nown) |
|--|---|--|--------------------------|---|
| | | the portion you own for all of your entries from Part 2, includined for Part 2. Write that number here | | \$17,910.00 |
| Part 3: D | escribe Your Perso | nal and Household Items | | |
| | | egal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exam _l □ No | | urnishings ces, furniture, linens, china, kitchenware | | · |
| ■ Yes | . Describe | | | |
| | | couch loveset reclining chair sectional washer dryer long dresser with mirror 2 nightstand dresser with fire queen size beds 1 full size bed mini bar tv stand with coffee machine air fryer, deep freezer | eplace 2 | \$5,000.00 |
| □ No | oles: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers, p phones, cameras, media players, games | printers, scanners; mi | usic collections; electronic devices |
| | | 2 laptops/3 play stations/1 x box wii u 50 in tv / 2 32in 19in tv | TV / 70in tv / | \$1,000.00 |
| Examp | | figurines; paintings, prints, or other artwork; books, pictures, or oth ons, memorabilia, collectibles | er art objects; stamp, | coin, or baseball card collections; |
| Examp | nent for sports a ples: Sports, photo musical instr | graphic, exercise, and other hobby equipment; bicycles, pool tables | s, golf clubs, skis; car | noes and kayaks; carpentry tools; |
| | | Basketball Goal | | \$100.00 |
| □ No | | , shotguns, ammunition, and related equipment | | |
| | | Handgun | | \$200.00 |
| □ No | | othes, furs, leather coats, designer wear, shoes, accessories | | |
| | | Compared Clashing | 1 | ¢4 000 00 |
| | | General Clothing | | \$1,000.00 |
| 12. Jewe <i>Exan</i> □ No | | velry, costume jewelry, engagement rings, wedding rings, heirloom | n jewelry, watches, ge | ms, gold, silver |

Official Form 106A/B

Schedule A/B: Property

page 2

Best Case Bankruptcy

| Debtor 1 Debtor 2 | Ashley Mari Kenneth Ave | | | Case numb | Case number (if known) | | | |
|----------------------|--------------------------------------|------------|-------------------------------|--|---|--|--|--|
| Yes. | Describe | | | | | | | |
| | | Wedd | ing Set , Various Cos | stume Jewelry | \$300.00 | | | |
| Examp □ No - | rm animals bles: Dogs, cats, | birds, hor | rses | | | | | |
| | | Dog | | | \$0.00 | | | |
| ■ No | ner personal an | | - | already list, including any health aids you did | I not list | | | |
| | | - | | , including any entries for pages you have at | \$7,600.00 | | | |
| | scribe Your Finan n or have any I | | s quitable interest in any | of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | |
| ■ No | | | our wallet, in your home, | in a safe deposit box, and on hand when you fil | e your petition | | | |
| Examp | | | | ; certificates of deposit; shares in credit unions, the same institution, list each. | brokerage houses, and other similar | | | |
| □ No ■ Yes | | | | Institution name: | | | | |
| | | 17.1. | Bank of America | Checking Account: bank of america | \$500.00 | | | |
| | | 17.2. | Checking | Regions | \$0.00 | | | |
| | | 17.3. | Checking | Navy Federal | \$10.00 | | | |
| | | 17.4. | Savings | Navy Federal | \$5.00 | | | |
| | | 17.5. | Savings | Region's | \$1.00 | | | |
| | | 17.6. | Savings | Bank of America | \$1.00 | | | |

Official Form 106A/B

Schedule A/B: Property

| | ebtor 1 ebtor 2 | | ie Chambers very Chambers | | Case number (if known) | |
|-----|--------------------|--------------------------------------|---|----------------------------------|---|---|
| 18. | | | , or publicly traded stocks s, investment accounts with br | rokerage firms, money mark | et accounts | |
| | ■ No | 5700. Borra rarra | s, invocation accounts with bi | onorago mino, monoy mano | or accounts | |
| | ☐ Yes | | Institution or issuer | name: | | |
| 19. | | ublicly traded s enture | stock and interests in incorp | porated and unincorporate | d businesses, including an interest in | an LLC, partnership, and |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific in | nformation about them Name of entity: | | % of ownership: | |
| 20. | Negoti Non-ne | iable instrumen | porate bonds and other neg ts include personal checks, ca ments are those you cannot tr | shiers' checks, promissory | notes, and money orders. | |
| | ■ No □ Yes. | Give specific in | formation about them Issuer name: | | | |
| 21. | Examp | ment or pensio oles: Interests in | | 403(b), thrift savings accour | nts, or other pension or profit-sharing plar | ns |
| | ■ No □ Yes. | List each accou | int separately. Type of account: | Institution name: | | |
| 22. | Your s | hare of all unus | d prepayments led deposits you have made s ts with landlords, prepaid rent, | | vice or use from a company , water), telecommunications companies. | , or others |
| | | | | Institution name or i | ndividual: | |
| | | | Electric | CDE | | \$150.00 |
| | | | | | | |
| | | | Gas and Water | Clarksville Gas a | and Water | \$200.00 |
| 23. | _ | ies (A contract | for a periodic payment of mon | ey to you, either for life or fo | or a number of years) | |
| | ■ No □ Yes | | ssuer name and description. | | | |
| 24. | 26 U.S.0 | | ion IRA, in an account in a c , 529A(b), and 529(b)(1). | qualified ABLE program, c | r under a qualified state tuition progra | ım. |
| | ■ No □ Yes | 1 | nstitution name and description | on. Separately file the record | ls of any interests.11 U.S.C. § 521(c): | |
| | Trusts, ■ No | , equitable or f | uture interests in property (| other than anything listed | in line 1), and rights or powers exercis | sable for your benefit |
| | | Give specific in | nformation about them | | | |
| 26. | | | trademarks, trade secrets, a main names, websites, proce | | | |
| | ■ No | Give specific in | nformation about them | | | |
| | | | , and other general intangible | les | | |
| | | | | | s, liquor licenses, professional licenses | |
| | ☐ Yes. | Give specific in | nformation about them | | | |
| Mo | oney or | property owed | to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 4

| | ebtor 1 ebtor 2 | Ashley Marie Chambers Kenneth Avery Chambers | Case number (if known) | |
|-----|--------------------|---|---|----------------------------|
| 28. | Tax ref | funds owed to you | | |
| | ■ No □ Yes. | Give specific information about them, including whether you already | filed the returns and the tax years | |
| | Examp | support ples: Past due or lump sum alimony, spousal support, child support, n Give specific information | naintenance, divorce settlement, property se | ettlement |
| | Examp ■ No | amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, benefits; unpaid loans you made to someone else | , sick pay, vacation pay, workers' compensa | ation, Social Security |
| | | Give specific information | | |
| 31. | | ets in insurance policies bles: Health, disability, or life insurance; health savings account (HSA) |); credit, homeowner's, or renter's insurance | 3 |
| | _ | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | If you a someo | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insura one has died. Give specific information | nce policy, or are currently entitled to receiv | e property because |
| | Examp ■ No | s against third parties, whether or not you have filed a lawsuit or ples: Accidents, employment disputes, insurance claims, or rights to some Describe each claim | | |
| | ■ No | contingent and unliquidated claims of every nature, including co | unterclaims of the debtor and rights to se | et off claims |
| | | | | |
| 35. | Any fin ■ No | nancial assets you did not already list | | |
| | | Give specific information | | |
| 36 | | the dollar value of all of your entries from Part 4, including any elart 4. Write that number here | | \$867.00 |
| Pa | rt 5: De: | scribe Any Business-Related Property You Own or Have an Interest In. Li | st any real estate in Part 1. | |
| | _ | own or have any legal or equitable interest in any business-related proper to Part 6. | rty? | |
| I | ☐ Yes. G | Go to line 38. | | |
| Pa | | scribe Any Farm- and Commercial Fishing-Related Property You Own or lou own or have an interest in farmland, list it in Part 1. | Have an Interest In. | |
| 46. | ■ No. | a own or have any legal or equitable interest in any farm- or come Go to Part 7. . Go to line 47. | mercial fishing-related property? | |
| ъ. | . = | | Line All and | |

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

Official Form 106A/B Schedule A/B: Property

page 5 Best Case Bankruptcy

| Ashley Marie Chambers Kenneth Avery Chambers | Case number (if known) | |
|---|------------------------|--|
| | | |

53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership

63. Total of all property on Schedule A/B. Add line 55 + line 62

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00

| Part | 8: List the Totals of Each Part of this Form | | | | |
|------|---|----|-------------|------------------------------|-------------|
| 55. | Part 1: Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | _ | \$17,910.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | | \$7,600.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$867.00 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +_ | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | _ | \$26,377.00 | Copy personal property total | \$26,377.00 |

Doc 1

\$26,377.00

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1 | Ashley Marie Cha | ımbers | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Kenneth Avery C | hambers | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | |
| Case number _ | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement

| exe | ds—may be unlimited in dollar amount. Hower emption to a particular dollar amount and the the applicable statutory amount. | , , | | • | | | | | | | |
|-----|---|---|---------|---|------------------------------------|--|--|--|--|--|--|
| Pa | rt 1: Identify the Property You Claim as E | xempt | | | | | | | | | |
| 1. | Which set of exemptions are you claiming? | P Check one only, ever | n if yo | our spouse is filing with you. | | | | | | | |
| | ■ You are claiming state and federal nonbank | ou are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | | |
| | ☐ You are claiming federal exemptions. 11 U | J.S.C. § 522(b)(2) | | | | | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | | | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | | | |
| | couch loveset reclining chair | \$5,000.00 | | \$5,000.00 | Tenn. Code Ann. § 26-2-103 | | | | | | |
| | sectional washer dryer kingsized bed long dresser with mirror 2 nightstand dresser with fireplace 2 queen size beds 1 full size bed mini bar tv stand with fireplace coffee machine air fryer, deep freezer Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | 2 laptops/3 play stations/1 x box wii | \$1,000.00 | | \$1,000.00 | Tenn. Code Ann. § 26-2-103 | | | | | | |
| | u 50 in tv / 2 32in TV / 70in tv / 19in tv Line from <i>Schedule A/B</i> : 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | Basketball Goal | \$100.00 | | \$100.00 | Tenn. Code Ann. § 26-2-103 | | | | | | |
| | Line from Schedule A/B: 9.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | Handgun | \$200.00 | | \$200.00 | Tenn. Code Ann. § 26-2-103 | | | | | | |
| | Line from Schedule A/B: 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |

| | btor 2 Kenneth Avery Chambers | | | Case number (if known) | |
|----|--|--------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | General Clothing Line from Schedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | Tenn. Code Ann. § 26-2-104 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Wedding Set , Various Costume Jewelry | \$300.00 | | \$300.00 | Tenn. Code Ann. § 26-2-103 |
| | Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Dog Line from Schedule A/B: 13.1 | \$0.00 | | \$0.00 | Tenn. Code Ann. § 26-2-103 |
| | Line Irom Schedule Alb. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Bank of America: Checking Account: bank of america | \$500.00 | | \$500.00 | Tenn. Code Ann. § 26-2-103 |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Navy Federal Line from Schedule A/B: 17.3 | \$10.00 | | \$10.00 | Tenn. Code Ann. § 26-2-103 |
| | Zine nem estricate / v Zi 1110 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: Navy Federal Line from Schedule A/B: 17.4 | \$5.00 | | \$5.00 | Tenn. Code Ann. § 26-2-103 |
| | Zine nem estricate / v Zi | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: Region's Line from Schedule A/B: 17.5 | \$1.00 | | \$1.00 | Tenn. Code Ann. § 26-2-103 |
| | Line Irom Schedule AV.B. 17.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: Bank of America Line from Schedule A/B: 17.6 | \$1.00 | | \$1.00 | Tenn. Code Ann. § 26-2-103 |
| | Line Irom Schedule Alb. 17.0 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Electric: CDE Line from Schedule A/B: 22.1 | \$150.00 | | \$150.00 | Tenn. Code Ann. § 26-2-103 |
| | Line Irom Schedule AVD. ZZ. 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Gas and Water: Clarksville Gas and Water | \$200.00 | | \$200.00 | Tenn. Code Ann. § 26-2-103 |
| | Line from Schedule A/B: 22.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every Solution No Yes. Did you acquire the property covered. | 3 years after that for ca | ises fi | | |
| | Yes. Did you acquire the property covere | su by the exemption wi | umi l | ,2 to days before you filed this case | : |

Official Form 106C

Yes

Schedule C: The Property You Claim as Exempt

| Fill in this information to identify yo | NIK CZCO. | | | |
|---|--|--|--------------------------|-------------------|
| | | | | |
| Debtor 1 Ashley Marie (| Chambers Middle Name Last Name | | - | |
| Debtor 2 Kenneth Avery | | | | |
| (Spouse if, filing) First Name | Middle Name Last Name | | - | |
| | | | | |
| United States Bankruptcy Court for th | e: MIDDLE DISTRICT OF TENNESSEE | | | |
| Case number | | | | |
| (if known) | | | ☐ Check | if this is an |
| | | | | ded filing |
| | | | | - |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who Have Claims Secured | d by Propert | V | 12/15 |
| Scheddie B. Greditor | 3 Wild Have Glaims Seedice | a by 1 Topoli | <u> </u> | 12/10 |
| is needed, copy the Additional Page, fill i | . If two married people are filing together, both are eq t out, number the entries, and attach it to this form. O | | | |
| number (if known). | | | | |
| Do any creditors have claims secured | | | | |
| □ No. Check this box and submit | this form to the court with your other schedules. Yo | ou have nothing else t | to report on this form. | |
| Yes. Fill in all of the information | n below. | | | |
| Part 1: List All Secured Claims | | | | |
| | s more than one secured claim, list the creditor separately | Column A | Column B | Column C |
| | as a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in alphabe | etical order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 OneMain Financial | Describe the property that secures the claim: | \$19,714.00 | \$16,200.00 | \$3,514.00 |
| Creditor's Name | 2016 Dodge Grand Caravan 50000 | <u> </u> | <u> </u> | |
| | miles | | | |
| Attn: Bankruptcy | A settle letter of the description in the settle se | | | |
| 601 Nw 2nd Street | As of the date you file, the claim is: Check all that apply. | | | |
| Evansville, IN 47708 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or sec | cured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Opened | | | | |
| 07/17 Last | | | | |
| Date debt was incurred Active 10/1 | 8 Last 4 digits of account number 9602 | | | |
| | | | | |
| 2.2 People Security Finance | Describe the property that secures the claim: | \$2,862.00 | \$1,710.00 | \$1,152.00 |
| Creditor's Name | 2008 Chrysler 300 280000 miles | <u> </u> | | |
| | | | | |
| | As of the date you file, the claim is: Check all that | | | |
| 1222-C Skyline Drive | apply. | | | |
| Hopkinsville, KY 42240 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| W | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or sec | cured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1 | Ashley Ma | rie Chambers | | | known) | | |
|---------------|-------------|--|---|-------|--------|----------------------------|--|
| F | irst Name | Middle Name | Last Name | | | _ | |
| Debtor 2 | Kenneth A | very Chambers | | | | | |
| F | irst Name | Middle Name | Last Name | | | | |
| Date debt wa | as incurred | Opened 10/12/16 Last Active 9/21/18 | Last 4 digits of account number | 7831 | | | |
| If this is th | | of your form, add the do | n A on this page. Write that number h ollar value totals from all pages. | nere: | | \$22,576.00 \$22.576.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fil | II in this inforn | nation to identify yo | ur case: | | | | | | | |
|---------------------|---|--|-------------------------------------|--|--------------------------------------|------------------------------|---|--|-----------------------------|----------------|
| De | ebtor 1 | Ashley Marie C | hambers | | | | | | | |
| | | First Name | | lle Name | Last Nam | е | | | | |
| De | ebtor 2 | Kenneth Avery | Chambers | | | | | | | |
| (Sp | ouse if, filing) | First Name | Mido | le Name | Last Nam | е | | | | |
| Un | nited States Bar | nkruptcy Court for the | e: MIDDLE | DISTRICT OF TE | ENNESSEE | | | | | |
| Ca | ase number | | | | | | | | | |
| | (nown) | | | | | | | ☐ Check | if this is a | an |
| | | | | | | | | ameno | ded filing | |
| Sc Be a | as complete and | 1 106E/F /F: Creditors Accurate as possible racts or unexpired lear | Use Part 1 for | creditors with PRI | ORITY claims a | nd Part 2 fo | | | | er party to |
| Sch Sch left. | iedule G: Éxecu iedule D: Credito | tory Contracts and Unors Who Have Claims Stinuation Page to this | expired Leases Secured by Pro | (Official Form 106 perty. If more space | G). Do not include is needed, co | ude any creo ppy the Part | ditors with partially s you need, fill it out, i | ecured claims that a number the entries i | are listed in n the boxe | n es on the |
| | | l of Your PRIORITY | Unsecured (| laims | | | | | | |
| | | ors have priority unsec | | | | | | | | |
| | □ No. Go to P | | | | | | | | | |
| | Yes. | a | | | | | | | | |
| 2 | | priority unsecured cla | ime If a credito | or has more than one | a priority unsecu | red claim lie | t the creditor separate | ly for each claim. For | each claim | listed |
| | identify what typ possible, list the | pe of claim it is. If a claim e claims in alphabetical than one creditor holds a | n has both prior order according | ity and nonpriority an to the creditor's nam | mounts, list that one. If you have n | claim here ar | nd show both priority a | nd nonpriority amoun | its. As mucl | h as |
| | (For an explana | ation of each type of clai | m, see the instr | uctions for this form i | in the instruction | booklet.) | | | | |
| | | | | | | | Total claim | Priority amount | Nonprior amount | rity |
| 2.1 | IRS Ban | kruptcy Departm | ent | Last 4 digits of a | ccount number | | \$1,000.00 | \$1,000.00 | | \$0.00 |
| | | editor's Name | | | | | | <u> </u> | _ | |
| | PO Box | | | When was the de | bt incurred? | 2017 | | - | | |
| | | Iphia, PA 19101 treet City State Zip Code | | As of the date yo | u filo the eleim | in Chaak a | II that apply | | | |
| | | the debt? Check one. | ; | _ | u me, me ciam | is. Check a | іі іпаі арріу | | | |
| | Debtor 1 o | | | ☐ Contingent | | | | | | |
| | _ | , | | Unliquidated | | | | | | |
| | Debtor 2 o | nly | | ☐ Disputed | | | | | | |
| | Debtor 1 a | nd Debtor 2 only | | Type of PRIORITY | | aim: | | | | |
| | At least on | e of the debtors and an | other | ☐ Domestic supp | ort obligations | | | | | |
| | ☐ Check if t | his claim is for a com | munity debt | Taxes and cert | tain other debts | you owe the | government | | | |
| | Is the claim s | subject to offset? | | ☐ Claims for deat | th or personal in | jury while yo | u were intoxicated | | | |

Other. Specify

■ No

☐ Yes

| | | Ouso na | mber (if known) | | |
|--|--|--|--|---|---|
| Tennessee Child Support | Last 4 digits of account number | 7917 | \$24,926.00 | \$24,926.0 | 90.0 |
| Priority Creditor's Name Department of Human Services 400 Deadrick Street Nashville, TN 37243 | When was the debt incurred? | Opened Active 10 | 01/96 Last 0/18 | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all | that apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | | |
| ☐ Debtor 1 only | ☐ Unliquidated | | | | |
| ■ Debtor 2 only | ☐ Disputed | | | | |
| ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | nim: | | | |
| ☐ At least one of the debtors and another | ■ Domestic support obligations | | | | |
| ☐ Check if this claim is for a community debt | ☐ Taxes and certain other debts y | ou owe the g | overnment | | |
| Is the claim subject to offset? | Claims for death or personal inj | | | | |
| ■ No | ☐ Other. Specify | | | | |
| ☐ Yes | Family Sup | port | | | |
| ☐ No. You have nothing to report in this part. Submit☐ Yes. | this form to the court with your other | | ach claim. If a graditor | has more than o | no nonoriority |
| ☐ No. You have nothing to report in this part. Submit☐ Yes. | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when the creditor with the creditor sealphabetical order of the creditor sealphabetical order or sealphabetical order order or sealphabetical order or sealphabetical order or sealphabetical order or | who holds ea | im it is. Do not list claim | ns already include | ed in Part 1. If more |
| Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when the creditor with the creditor sealphabetical order of the creditor sealphabetical order or sealphabetical order order or sealphabetical order or sealphabetical order or sealphabetical order or | who holds ea | im it is. Do not list claim | ns already include ms fill out the Co | ed in Part 1. If more |
| No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when the creditor with the creditor sealphabetical order of the creditor sealphabetical order or sealphabetical order order or sealphabetical order or sealphabetical order or sealphabetical order or | who holds ean type of cla | im it is. Do not list claim | ns already include ms fill out the Co | ed in Part 1. If more ntinuation Page of |
| No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2. | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify what creditors in Part 3.If you have more to | who holds e nat type of cla han three noo ner | im it is. Do not list claim | ns already include ms fill out the Co | ed in Part 1. If more ntinuation Page of otal claim |
| No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial Nonpriority Creditor's Name 100 Oceanside Dr. | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to Last 4 digits of account number. | who holds ean type of cla han three noo | im it is. Do not list claim npriority unsecured clair | ns already include ms fill out the Co | ed in Part 1. If more ntinuation Page of otal claim |
| No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial Nonpriority Creditor's Name 100 Oceanside Dr. Nashville, TN 37203 | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when creditors in Part 3.If you have more to the creditors in Part 4.If you have more to the creditors in Part 4.If you have mor | who holds ean type of cla han three noo | im it is. Do not list claim npriority unsecured clair | ns already include ms fill out the Co | ed in Part 1. If more ntinuation Page of otal claim |
| □ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial Nonpriority Creditor's Name 100 Oceanside Dr. Nashville, TN 37203 Number Street City State Zip Code | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when creditors in Part 3.If you have more to the creditors in Part 4.If you have more to the creditors in Part 4.If you have mor | who holds ean type of cla han three noo | im it is. Do not list claim npriority unsecured clair | ns already include ms fill out the Co | ed in Part 1. If more ntinuation Page of otal claim |
| □ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial Nonpriority Creditor's Name 100 Oceanside Dr. Nashville, TN 37203 Number Street City State Zip Code Who incurred the debt? Check one. | e alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.lf you have more to Last 4 digits of account numb. When was the debt incurred? As of the date you file, the claim. | who holds ean type of cla han three noo | im it is. Do not list claim npriority unsecured clair | ns already include ms fill out the Co | ed in Part 1. If more ntinuation Page of otal claim |
| □ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial Nonpriority Creditor's Name 100 Oceanside Dr. Nashville, TN 37203 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when creditors in Part 3.If you have more to a Last 4 digits of account number when was the debt incurred? As of the date you file, the claim Contingent | who holds ean type of cla han three noo | im it is. Do not list claim npriority unsecured clair | ns already include ms fill out the Co | ed in Part 1. If more ntinuation Page of otal claim |
| □ No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial Nonpriority Creditor's Name 100 Oceanside Dr. Nashville, TN 37203 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only | this form to the court with your other set alphabetical order of the creditor laim. For each claim listed, identify what creditors in Part 3.If you have more to be also be also be also be account number of the creditors in Part 3.If you have more to be a set at 4 digits of account number of the count of the count number of the count of the c | who holds ean type of clands the normal type | im it is. Do not list claim npriority unsecured clair | ns already include ms fill out the Co | ed in Part 1. If more ntinuation Page of otal claim |
| □ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial Nonpriority Creditor's Name 100 Oceanside Dr. Nashville, TN 37203 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | this form to the court with your other set alphabetical order of the creditor laim. For each claim listed, identify what creditors in Part 3.If you have more to be a count number of the creditors in Part 3.If you have more to be a count number of the creditors in Part 3.If you have more to be a count number of the count numb | who holds ean type of clands the normal type | im it is. Do not list claim npriority unsecured clair | ns already include ms fill out the Co | ed in Part 1. If more ntinuation Page of otal claim |
| □ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial Nonpriority Creditor's Name 100 Oceanside Dr. Nashville, TN 37203 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | this form to the court with your other set alphabetical order of the creditor laim. For each claim listed, identify where creditors in Part 3.If you have more to creditors in Part 4.If you have more to creditors in Part 4.If you have more to creditors in Part 4.If you have more to creditors and the creditors in Part 4.If you have more to creditors and the creditors are creditors. Contingent | who holds ea nat type of cla han three nor her im is: Check | im it is. Do not list claim priority unsecured claim priority unsecured claim all that apply | ns already include ns fill out the Cor To | ed in Part 1. If more ntinuation Page of otal claim |
| □ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Advance Financial Nonpriority Creditor's Name 100 Oceanside Dr. Nashville, TN 37203 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify where creditors in Part 3.If you have more to a claim listed in the creditors in Part 3.If you have more to a claim. Last 4 digits of account number when was the debt incurred? As of the date you file, the claim claim contingent continue | who holds ear at type of claim three nor when the claim: ured claim: separation ago | im it is. Do not list claim priority unsecured clair and the claim all that apply | ns already include ns fill out the Cor To | ed in Part 1. If more ntinuation Page of otal claim |

| | or 1 Ashley Marie Chambers Kenneth Avery Chambers | | Case number (if known) | |
|-----|--|--|---|----------|
| 4.2 | Advance Financial | Last 4 digits of account number | | \$624.00 |
| | Nonpriority Creditor's Name 100 Oceanside Dr Nashville, TN 37203 | When was the debt incurred? | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | Other. Specify | · | |
| 4.3 | Bank Of America Nonpriority Creditor's Name | Last 4 digits of account number | 9334 | \$405.00 |
| | Attn: Bankruptcy Po Box 982238 | When was the debt incurred? | Opened 11/17 Last Active 08/18 | |
| | El Paso, TX 79998 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | 13. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | _ ' | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | ed claim: | |
| | _ | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a sen | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | aranon agreement of arverse that you did not | |
| | No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | □Yes | Other. Specify Credit Line | e Secured | |
| 4.4 | Clarksville Health System | Last 4 digits of account number | V185 | \$952.06 |
| | Nonpriority Creditor's Name C/O Mendelson Law Firm | When was the debt incurred? | | |
| | PO BOX 17235 Memphis, TN 38187-0235 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No No | Debts to pension or profit-shari | ng pians, and other similar debts | |
| | ☐ Yes | Other. Specify | | |

| · | | | |
|---|---|---|------------|
| Credit Bureau Systems, Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 9405 | \$532.00 |
| Attn: Bankruptcy Po Box 9247 Paducah, KY 42001 | When was the debt incurred? | Opened 2/05/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Alpha Dent | al | |
| Credit Business Services, Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 5832 | \$1,007.00 |
| Attn: Bankruptcy Po Box 4127 Fort Walton Beach, FL 32549 | When was the debt incurred? | Opened 10/17 Last Active 03/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | og plans, and other similar debts | |
| ☐ Yes | | Attornev Green River Er | |
| Credit First National Association Nonpriority Creditor's Name | Last 4 digits of account number | 6875 | \$1,022.0 |
| Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181 | When was the debt incurred? | Opened 05/18 Last Active 9/27/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | on plans, and other similar debts | |
| | | | |
| ☐ Yes | Other Specify Charge Acc | count | |

| 2 Kenneth Avery Chambers | | | |
|---|--------------------------------------|--|----------|
| Credit One Bank | Last 4 digits of account number | 9343 | \$674.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 | When was the debt incurred? | Opened 05/18 Last Active 10/01/18 | |
| Las Vegas, NV 89193 | _ | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | L.L.C. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify Credit Card | <u> </u> | |
| Creditcentrl | Last 4 digits of account number | 0010 | \$800.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept | | Opened 05/18 Last Active | |
| 703 S Riverside Dr Clarksville. TN 37040 | When was the debt incurred? | 09/18 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| ls the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Secured | | |
| Creditcentrl | Last 4 digits of account number | 0005 | \$427.00 |
| Nonpriority Creditor's Name | _ | | |
| Attn: Bankruptcy Dept 703 S Riverside Dr | When was the debt incurred? | Opened 05/18 Last Active 09/18 | |
| Clarksville, TN 37040 | when was the dept incurred? | 09/10 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Secured | | |

| ERC/Enhanced Recovery Corp | Last 4 digits of account number | 7251 | \$392.0 |
|--|--|---|---------|
| Nonpriority Creditor's Name Attn: Bankruptcy 8014 Bayberry Road | When was the debt incurred? | Opened 10/16 | |
| Jacksonville, FL 32256 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | · | Attorney Charter | |
| | | | |
| ERC/Enhanced Recovery Corp | Last 4 digits of account number | 7553 | \$147.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy 8014 Bayberry Road | | Opened 07/17 | |
| Jacksonville, FL 32256 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | _ | | |
| _ | Contingent | | |
| ■ Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | Label a | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | ☐ Debts to pension or profit-sharin | • | |
| Yes | Other. Specify Collection | Attorney At T Mobility | |
| First Industrial Corporation | Last 4 digits of account number | | \$0.0 |
| Nonpriority Creditor's Name 1100 Ashland City Rd | When was the debt incurred? | | |
| Clarksville, TN 37040 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| _ | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent | | |
| _ | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | Disputed | d ala: | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | g claim: | |
| ☐ Check if this claim is for a community debt | Student loans | | |
| Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| • | <u></u> | a plane, and other similar debte | |
| ■ No | Debts to pension or profit-sharin | ig plans, and other similar debts | |

| First Premier Bank | | 0812 | \$453.00 | |
|--|--|--|------------|--|
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ-33.00 | |
| Attn: Bankruptcy | | Opened 08/12 Last Active | | |
| Po Box 5524 | When was the debt incurred? | 04/13 | | |
| Sioux Falls, SD 57117 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | , i.e. o. i.i.e daile yea i.i.e, ii.e oiaiii. | or chook an anat appry | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| Yes | Other. Specify Credit Card | <u> </u> | | |
| I C System Inc | Last 4 digits of account number | 3280 | \$1,002.00 | |
| Nonpriority Creditor's Name | | | . , | |
| Attn: Bankruptcy | When was the debt incurred? | Opened 12/16 | | |
| Po Box 64378 St Paul, MN 55164 | | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt | | aration agreement or divorce that you did not | | |
| s the claim subject to offset? | report as priority claims | and the second section in the section in t | | |
| No | ☐ Debts to pension or profit-sharin | •• | | |
| □ Yes | Other. Specify Collection | Attorney Att U-Verse | | |
| LVNV Funding/Resurgent Capital | Last 4 digits of account number | 8042 | \$206.00 | |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 04/15 Last Active | | |
| Po Box 10497 | When was the debt incurred? | 07/14 | | |
| Greenville, SC 29603 | _ | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | _ | | | |
| Debtor 1 only | Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | Disputed | d alatas | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | a ciaim: | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | protion correspond on the same that are the same that the | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | | |
| | | Company Account Webbank | | |
| ☐ Yes | Other. Specify Fingerhut F | | | |

| Mariner Finance | Last 4 digits of account number | 0816 | \$1,809.00 |
|---|--|---|------------|
| Nonpriority Creditor's Name Attn: Bankruptcy 8211 Town Center Dr | When was the debt incurred? | Opened 05/18 Last Active 07/18 | |
| Baltimore, MD 21236 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | 710 of the date you me, the diamin | o. Chook an that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify | | |
| MidAmerica Bank & Trust Company | Last 4 digits of account number | 2141 | \$277.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 400 | When was the debt incurred? | Opened 06/18 Last Active 9/07/18 | |
| Dixon, MO 65459 Number Street City State Zip Code | As of the date you file, the claim i | in Charle all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | is. Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | ■ Other Specify Credit Card | | |
| | | F004 | |
| Nationwide Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 5624 | \$986.00 |
| Nonpriority Creditor's Name 501 Shelley Dr Ste 300 Tyler, TX 75701 | When was the debt incurred? | Opened 5/08/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | | rgency Physicians LI | |

| Personal Finance Company | Last 4 digits of account number | 9318 | \$1,914.96 |
|--|--|--|------------|
| Nonpriority Creditor's Name 2197 Madison St. Ste 104 | When was the debt incurred? | | |
| Clarksville, TN 37040 Number Street City State Zip Code | As of the date you file, the claim i | in Charle all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim | в. Спеск ан так арру | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Plain Green Loans | Last 4 digits of account number | 0221 | \$1,438.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy 1900 Frost Rd Ste 100 | When was the debt incurred? | Opened 4/27/18 Last Active 04/18 | |
| Bristol, PA 19007 | When was the dest mountain | 04/10 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | - | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | Other. Specify Unsecured | | |
| D. (f. 17. D | | 4050 | 4047.00 |
| Portfolio Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 4856 | \$817.00 |
| Po Box 41021 Norfolk, VA 23541 | When was the debt incurred? | Opened 10/16 Last Active 05/16 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | Student loans | and the second of the second s | |
| uebt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | | Company Account Comenity | |

| Kenneth Avery Chambers | | | |
|--|---|---|------------|
| Receivables Performance Mgmt | Last 4 digits of account number | 6920 | \$1,720.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1548 Lynnwood, WA 98036 | When was the debt incurred? | Opened 06/18 Last Active 05/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection | Attorney At T | |
| Service Loan Clarksville | Last 4 digits of account number | 0805 | \$646.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department 636 Bradford Street Sw | When was the debt incurred? | Opened 9/25/18 Last Active 10/18 | |
| Gainesville, GA 30503 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Note Loan | | |
| TekCollect Inc | Last 4 digits of account number | 5705 | \$157.00 |
| Nonpriority Creditor's Name | _ | Omenad 02/42 Least Active | |
| Po Box 1269 Columbus, OH 43216 | When was the debt incurred? | Opened 03/13 Last Active 05/12 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | | |
| ☐ Yes | ■ Other. Specify Collection | Attorney Servall Llc | |

| Wakefield & Associates | Last 4 digits of account number | 4984 | \$26.0 |
|--|---|--|-----------|
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 441590 Aurora, CO 80044 | When was the debt incurred? | Opened 04/14 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | • • | |
| Yes | ■ Other. Specify Collection | Attorney Premier Medical Group | |
| Wakefield & Associates | Last 4 digits of account number | 1243 | \$26.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 441590 | When was the debt incurred? | Opened 05/15 | |
| Aurora, CO 80044 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Athena | Attorney Premier Medical Group | |
| Western Shamrock Corporation | Last 4 digits of account number | Z018 | \$1,705.0 |
| Nonpriority Creditor's Name 801 South Abe Street San Angelo, TX 76903 | When was the debt incurred? | Opened 5/04/18 Last Active 07/18 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| 110 | ■ Other. Specify Note Loan | ¥• | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

Page 11 of 13

| | | larie Chambers Avery Chambers | | Case nu | ımber (if knov | vn) |
|---------------------------------------|------------------------------|--|--|----------------|-----------------|---|
| i. Use this p is trying have mo | page only if to collect from | you have others to be no om you for a debt you ow creditor for any of the de | e to someone else, list the original creditor | in Parts 1 | or 2, then lis | Parts 1 or 2. For example, if a collection agency t the collection agency here. Similarly, if you If you do not have additional persons to be |
| Name and A | Address | | On which entry in Part 1 or Part 2 did y | ou list the or | riginal credito | r? |
| Chasity | Chambers | S | Line 2.2 of (Check one): | ■ Part 1: (| Creditors with | Priority Unsecured Claims |
| | | | | | | Nonpriority Unsecured Claims |
| | | | Last 4 digits of account number | | | |
| Name and | Address | | On which entry in Part 1 or Part 2 did y | ou list the or | riginal credito | r? |
| | | ey Law Firm | Line 4.22 of (<i>Check one</i>): | ☐ Part 1: 0 | Creditors with | Priority Unsecured Claims |
| | | It Parkway | | ■ Part 2: (| Creditors with | Nonpriority Unsecured Claims |
| Louisvill | le, KY 402 | 223 | Last 4 digits of account number | 29 | 990 | |
| | | | | | | |
| Name and A | | nty Gonoral | On which entry in Part 1 or Part 2 did y | | | |
| Session | - | nty General | Line 4.22 of (Check one): | | | Priority Unsecured Claims |
| 2 Milleni | um Plaza | | | ■ Part 2: 0 | Creditors with | Nonpriority Unsecured Claims |
| Clarksvi | lle, TN 37 | 040 | Last 4 digits of account number | 29 | 990 | |
| | | | | | | |
| Name and A | | nty General | On which entry in Part 1 or Part 2 did y Line 4.4 of (<i>Check one</i>): | | - | r? Priority Unsecured Claims |
| Session | | inty General | Line 4.4 of (Check one). | | | Nonpriority Unsecured Claims |
| 2 Milleni | ium Plaza | | | ■ Part 2: 0 | reditors with | Nonpriority Unsecured Claims |
| Ciarksvi | lle, TN 37 | 040 | Last 4 digits of account number | V 1 | 185 | |
| Name and A | Addross | | On which entry in Part 1 or Part 2 did y | rou list the o | riginal crodito | r? |
| | | nty General | Line 4.13 of (<i>Check one</i>): | | | Priority Unsecured Claims |
| Session | | • | | | | Nonpriority Unsecured Claims |
| | ium Plaza | | | — Tant 2. C | Jieditors with | Nonphonty onsecured claims |
| Clarksvi | lle, TN 37 | 040 | Last 4 digits of account number | 67 | 737 | |
| | | | | | | |
| Name and A | | nty General | On which entry in Part 1 or Part 2 did y Line 4.20 of (<i>Check one</i>): | | • | r: Priority Unsecured Claims |
| Session | | inty Contorui | Line 4120 of Check one). | | | Nonpriority Unsecured Claims |
| 2 Milleni | ium Plaza | | | ■ Part 2: C | realtors with | Nonpriority Unsecured Claims |
| Clarksvi | lle, TN 37 | 040 | 1 | | | |
| | | | Last 4 digits of account number | | | |
| Name and A | | | On which entry in Part 1 or Part 2 did y Line 4.13 of (<i>Check one</i>): | | | |
| | & Atkins | | Line 4.13 of (Check one): | | | Priority Unsecured Claims |
| | klin Stree | et | | ■ Part 2: 0 | Creditors with | Nonpriority Unsecured Claims |
| Clarksvi | lle, TN 37 | 040 | | | | |
| | | | Last 4 digits of account number | 67 | 737 | |
| Name and A | Address | | On which entry in Part 1 or Part 2 did y | ou list the o | riginal credito | r? |
| | Law Grou | | Line 4.20 of (<i>Check one</i>): | ☐ Part 1: (| Creditors with | Priority Unsecured Claims |
| | Circle S, | | | ■ Part 2: 0 | Creditors with | Nonpriority Unsecured Claims |
| Nasnville | e, TN 372 ⁻ | 12 | Last 4 digits of account number | | | |
| | | | | | | |
| Part 4: | Add the A | mounts for Each Type | e of Unsecured Claim | | | |
| | amounts of | | red claims. This information is for statistica | I reporting | purposes or | nly. 28 U.S.C. §159. Add the amounts for each |
| | | | | | | Total Claim |
| | 6a. | Domestic support obli | gations | 6a. | \$ | 24,926.00 |
| Tota | | | | | | |
| claim from Part | | Taxes and certain other | er debts you owe the government | 6b. | \$ | 1,000.00 |
| | 6c. | | rsonal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other price | ority unsecured claims. Write that amount here. | . 6d. | \$ | 0.00 |

Schedule E/F: Creditors Who Have Unsecured Claims

Doc 1

Page 12 of 13

Debtor 1 Ashley Marie Chambers
Kenneth Avery Chambers

Case number (if known)

| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 25,926.00 | |
|-----------------------|-------------------|--|-------------------|------------------------------------|--|
| Total | 6f. | Student loans | 6f. | Total Claim \$ 0.00 | |
| claims from Part 2 | 6g. 6h. 6i. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here. | 6g. 6h. 6i. | \$ 0.00 \$ 0.00 \$ 20,565.02 | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 20,565.02 | |

Best Case Bankruptcy

| Fill in this information to identify your case: | | | | | | | | |
|---|------------|------------------------------|-----------|--|--------------------------------------|--|--|--|
| Debtor 1 | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | MIDDLE DISTRICT OF TENNESSEE | | | | | | |
| Case number _ (if known) | | | | | ☐ Check if this is an amended filing | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 kevin toon
986 silty dr
Clarksville, TN 37042

State what the contract or lease is for

Rental Lease
Assume

| Fill in this | s information to identify your case: | | |
|----------------|---|---|--|
| Debtor 1 | Ashley Marie Chambers | | |
| Debtor 2 | First Name Middle Name Kenneth Avery Chambers | Last Name | |
| (Spouse if, fi | | Last Name | — |
| United Sta | ates Bankruptcy Court for the: MIDDLE DISTRICT | OF TENNESSEE | |
| Case num | ber | | |
| (if known) | | | ☐ Check if this is an amended filing |
| O((; ; | 15 | | |
| | I Form 106H | | |
| Sche | lule H: Your Codebtors | | 12/15 |
| fill it out, a | e filing together, both are equally responsible for and number the entries in the boxes on the left. At and case number (if known). Answer every questions are appropriately and the second propriate of the second propriate | ttach the Additional Page to this page. On tion. | |
| 1. Do | you have any codebtors? (If you are filing a joint ca | ase, do not list either spouse as a codebtor. | |
| ■ No | S | | |
| Arizo | hin the last 8 years, have you lived in a communina, California, Idaho, Louisiana, Nevada, New Mexico | | |
| | . Go to line 3. s. Did your spouse, former spouse, or legal equivaler | nt live with you at the time? | |
| in lin Form | lumn 1, list all of your codebtors. Do not include to 2 again as a codebtor only if that person is a gu 106D), Schedule E/F (Official Form 106E/F), or Scolumn 2. | arantor or cosigner. Make sure you have I | isted the creditor on Schedule D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZIP Code | | The creditor to whom you owe the debt chedules that apply: |
| 3.1 | | ☐ Schedul | e D. line |
| <u></u> | Name | □ Schedul | |
| | | ☐ Schedul | e G, line |
| | Number Street | 710.0 | |
| | City State | ZIP Code | |
| 3.2 | | ☐ Schedul | e D. line |
| 0.2 | Name | □ Schedul | |
| | | ☐ Schedul | |
| | Number Street | | |
| | City State | ZIP Code | |

Schedule H: Your Codebtors

| Fill | in this information to identify your | case: | | | | | | | |
|---------------------|--|--|---|--|----------------|--|--|--------------------------------------|-----------------|
| Del | btor 1 Ashley Ma | Ashley Marie Chambers | | | | | | | |
| | btor 2 Kenneth A | very Chambers | | | _ | | | | |
| Uni | ited States Bankruptcy Court for the | e: MIDDLE DISTRICT O | F TENNESSEE | | | | | | |
| | se number | | | | | ed filin ent sh | ng nowing postpetition the following date: | • | |
| 0 | fficial Form 106I | | | | | MM / DD/ \ | /YYY | - | |
| S | chedule I: Your Inc | come | | | | , 22, | | | 12/15 |
| sup spo atta | as complete and accurate as po plying correct information. If yo use. If you are separated and you che a separate sheet to this form the separate because the separate sheet to this form the separate sheet s | u are married and not filir our spouse is not filing wi . On the top of any addition | ng jointly, and you th you, do not inc | ur spouse i clude inforn | s liv natio | ing with you, incl on about your sp | ude ir ouse. | nformation about If more space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, | Employment status* | ■ Employed | | | ■ Empl | ■ Employed | | |
| | attach a separate page with information about additional employers. | Employment status | ☐ Not employed | | | ☐ Not e | ☐ Not employed | | |
| | | Occupation | Asst Mgr | | | cook | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | ihop | | | ihop | ihop | | |
| | Occupation may include studen or homemaker, if it applies. | | | 2819 b wilma rudolph blvd Clarksville, TN 37040 | | | | | |
| Par | rt 2: Give Details About M | How long employed the | | ears, 0 Mo Attachment | | s | | nrs, 0 Months nt Information | |
| Esti spou | imate monthly income as of the use unless you are separated. ou or your non-filing spouse have re space, attach a separate sheet | date you file this form. If y | , s | · | , | | • | • | J |
| | | | | | | For Debtor 1 | | or Debtor 2 or on-filing spouse | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | | | 2. | \$ | 4,141.84 | \$_ | 2,124.16 | |
| 3. | Estimate and list monthly ove | rtime pay. | | 3. | +\$ | 0.00 | +\$ | 368.77 | |
| 4. | Calculate gross Income. Add | line 2 + line 3. | | 4. | \$ | 4,141.84 | | \$ 2,492.93 | |

Debtor 1 Debtor 2 Ashley Marie Chambers
Kenneth Avery Chambers

Case number (if known)

| | | | | For | Debtor 1 | For Debt | or 2 or g spouse | |
|-----|--------------------------|--|---|----------------|--|--------------------|--|---------|
| | Сору | r line 4 here | 4. | \$ | 4,141.84 | \$ | 2,492.93 | |
| 5. | List a | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 893.17 | \$ | 201.98 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 73.67 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 399.99 | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: | _ 5h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 6. | Add 1 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 966.84 | \$ | 601.97 | |
| 7. | Calcu | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,175.00 | \$ | 1,890.96 | |
| 8. | List a 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. 8d. 8e. 8f. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: 2 job (net) | 8c. 8d. 8e. 8f. 8g. 8h.+ | \$ \$ \$ | 0.00 0.00 0.00 0.00 0.00 870.27 | \$\$ \$\$ * | 0.00 0.00 0.00 0.00 0.00 0.00 | |
| | OII. | Z JOB (Net) | - " | Ψ_ | 070.27 | ` | 0.00 | |
| 9. | Adda | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 870.27 | \$ | 0.00 | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 0. \$ | 4 | + \$_ | 1,890.9 | 96 = \$ 5 | ,936.23 |
| 11. | Includ other | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your of friends or relatives. In the property of the following services that you list in Schedule and the property of the | depend | | | ed in <i>Sched</i> | dule J. 1. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | , if it | 2. \$ 5 | ,936.23 |
| 13. | _ ` | ou expect an increase or decrease within the year after you file this form? | • | | | | monthly i | |
| | _ | No. | | | | | | |
| | | Yes. Explain: | | | | | | |
| | | | | | | | | |

Debtor 1
Debtor 2

Ashley Marie Chambers
Kenneth Avery Chambers
Case number (if known)

Official Form B 6I Attachment for Additional Employment Information

| Debtor | |
|---------------------|------------------------|
| Occupation | Cashier |
| Name of Employer | Walmart Associates Inc |
| How long employed | 3 months |
| Address of Employer | 702 S.W. 8th St. |
| . , | Bentonville, AR 72716 |

| Fill | in this informa | ition to identify yo | our case. | | | | | |
|-------------------|--|--|---|---|--|------------|-------------------------------------|---|
| | tor 1 | | | | | Chr | eck if this is: | |
| Deb | NOI I | Ashley Marie | 3 Chambe | #1S | | | An amended filing | |
| | otor 2 ouse, if filing) | Kenneth Ave | ∍ry Cham | bers | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ed States Bankr | ruptcy Court for the | : MIDDLE | E DISTRICT OF TENNESS | SEE | | MM / DD / YYYY | |
| Cas | e number | | | | | | | |
| (If kı | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| | | J: Your | Expen | ises | | | | 12/15 |
| Be info nun | as complete a ormation. If m mber (if know | and accurate as lore space is ne n). Answer evel | s possible. eded, attac ry question | If two married people ar | | | | |
| Pari | t 1: Descr Is this a joir | ribe Your House | ±hold | | | | | |
| ••• | □ No. Go to | | | | | | | |
| | Yes. Doe | s Debtor 2 live | in a separa | ate household? | | | | |
| | ■ N | | st file Officia | al Form 106J-2, <i>Expense</i> s | for Separate Househo | old of De | btor 2. | |
| 2. | | e dependents? | | , <u>-</u> , -, - , -, -, -, -, -, -, -, -, -, -, -, -, -, | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | daughter | | 5 | □ No ■ Yes |
| | аоронаоню | | | | | | | □ No |
| | | | | | son | | 6 | Yes |
| | | | | | | | | □ No |
| | | | | | daughter | | 14 | ■ Yes |
| | | | | | son | | 15 | □ No ■ Yes |
| | | | | | 3011 | | | ■ Yes □ No |
| | | | | | daughter | | 17 | ■ Yes |
| 3. | expenses of yourself and | penses include f people other t d your depende | han ents? | No Yes | | | | |
| exp | imate your ex | | our bankru | y Expenses iptcy filing date unless y y is filed. If this is a supp | | | | |
| Incl | lude expense | s paid for with | non-cash գ | government assistance i | f you know | | | |
| | value of sucl ficial Form 10 | | d have inc | luded it on Schedule I: Y | our Income | | Your expe | enses |
| 4. | | or home owners and any rent for th | | ses for your residence. In | nclude first mortgage | 4. | \$ | 1,200.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | • | rty, homeowner's | - | | | 4b. | · | 0.00 |
| | | maintenance, re owner's associat | | pkeep expenses | | 4c. 4d. | · | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 4u. 5. | · | 0.00 |

Official Form 106J

Debtor 1 Ashley Marie Chambers
Debtor 2 Kenneth Avery Chambers

Case number (if known)

| Deb | tor 1 | Ashlev N | Marie Chambers | | | | |
|-----|--|-----------------------------|---|----------|----------------|------------------------------|--|
| Deb | tor 2 | | Avery Chambers | Case num | ber (if known) | | |
| 6. | Utiliti | ioni | | | | | |
| о. | 6a. | | heat, natural gas | 6a. | \$ | 300.00 | |
| | 6b. | - | wer, garbage collection | 6b. | · | 160.00 | |
| | 6c. | - | e, cell phone, Internet, satellite, and cable services | 6c. | · | 325.00 | |
| | 6d. | Other. Spe | | 6d. | \$ | 0.00 | |
| 7. | Food | and hous | ekeeping supplies | | \$ | 1,400.00 | |
| 8. | Child | care and c | hildren's education costs | 8. | \$ | 0.00 | |
| 9. | Cloth | ing, laund | ry, and dry cleaning | 9. | \$ | 250.00 | |
| 10. | Perso | onal care p | roducts and services | 10. | \$ | 250.00 | |
| 11. | Medic | cal and de | ntal expenses | 11. | \$ | 450.00 | |
| 12. | 2. Transportation. Include gas, maintenance, bus or train fare. | | | | | | |
| | | | ar payments. | 12. | · | 450.00 | |
| | | | clubs, recreation, newspapers, magazines, and books | 13. | · | 100.00 | |
| | | | ributions and religious donations | 14. | \$ | 0.00 | |
| 15. | Insur | | ourones deducted from your new or included in lines 4 or 20 | | | | |
| | | t include in Life insura | surance deducted from your pay or included in lines 4 or 20. | 15a. | ¢ | 0.00 | |
| | | Health ins | | 15a. | · | 0.00 | |
| | | Vehicle in: | | 15c. | · | 195.00 | |
| | | | rance. Specify: | 15d. | | 0.00 | |
| 16 | | | clude taxes deducted from your pay or included in lines 4 or 20. | 13u. | Ψ | 0.00 | |
| 10. | Speci | | order taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 | |
| 17. | • | | ease payments: | | · - | | |
| | | | ents for Vehicle 1 | 17a. | \$ | 525.00 | |
| | 17b. | Car payme | ents for Vehicle 2 | 17b. | \$ | 309.00 | |
| | 17c. | Other. Spe | ecify: | 17c. | \$ | 0.00 | |
| | 17d. | Other. Spe | ecify: | 17d. | \$ | 0.00 | |
| 18. | | | of alimony, maintenance, and support that you did not report as | | Φ. | 0.00 | |
| 4.0 | | | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · | 0.00 | |
| 19. | | | s you make to support others who do not live with you. | 4.0 | \$ | 0.00 | |
| 20 | Speci | , | erty expenses not included in lines 4 or 5 of this form or on Scho | 19. | our Incomo | | |
| 20. | | | s on other property | 20a. | | 0.00 | |
| | | Real estat | | 20b. | · | 0.00 | |
| | | | nomeowner's, or renter's insurance | 20c. | | 0.00 | |
| | | | nce, repair, and upkeep expenses | 20d. | | 0.00 | |
| | | | er's association or condominium dues | 20e. | · | 0.00 | |
| 21. | | r: Specify: | | | +\$ | 0.00 | |
| | | . , | | | | 0.00 | |
| 22. | | | monthly expenses | | | _ | |
| | | | through 21. | | \$ | 5,914.00 | |
| | | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | | |
| | 22c. <i>F</i> | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 5,914.00 | |
| 23. | Calcu | ulate vour | monthly net income. | | | | |
| | | • | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,936.23 | |
| | | | monthly expenses from line 22c above. | 23b. | -\$ | 5,914.00 | |
| | | . , , , | . , | | · | | |
| | 23c. | | our monthly expenses from your monthly income. is your monthly net income. | 23c. | \$ | 22.23 | |
| | | THE LESUIL | is your monuny nounionie. | | I | | |
| 24. | For ex | ample, do yo | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | ase or decrease because of a | |
| | ■ No | | | | | | |
| | □ Ye | | Explain here: | | | | |
| | | <i>.</i> | | | | | |

| Fill in this in | nformation to identify your | 00001 | | |
|------------------------------|---|----------------------------|---|---|
| | | | | |
| Debtor 1 | Ashley Marie Cha | Imbers Middle Name | Last Name | |
| Dobtor 2 | | | Last Name | |
| Debtor 2 (Spouse if, filing) | Kenneth Avery C | nambers Middle Name | Last Name | - |
| (epodeo ii, iiiiig) | . not rtaine | madio Hamb | 235. 14.110 | |
| United States | s Bankruptcy Court for the: | MIDDLE DISTRICT OF TE | NNESSEE | - |
| Case numbe | r | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | orm 106Dec ation About a | ın Individual [| Debtor's Schedules | 12/15 |
| • | h. 18 U.S.C. §§ 152, 1341, 1 Sign Below | 319, anu 3371. | | |
| Did you | ı pay or agree to pay some | one who is NOT an attorne | y to help you fill out bankruptcy form | s? |
| ■ No |) | | | |
| ☐ Ye | ss. Name of person | | | Bankruptcy Petition Preparer's Notice, ration, and Signature (Official Form 119) |
| | enalty of perjury, I declare y are true and correct. | that I have read the summa | ary and schedules filed with this decla | aration and |
| X Isl I | Ashley Marie Chambers | | X /s/ Kenneth Avery Cham | bers |
| | nley Marie Chambers | | Kenneth Avery Chamber | |
| | nature of Debtor 1 | | Signature of Debtor 2 | |
| Date | ∍ March 21, 2019 | | Date March 21, 2019 | |
| | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill in | thin inform | ation to identify you | | | | |
|---------|-----------------------------------|--|---|---|--|---|
| | | ation to identify you | | | | |
| Debtor | 1 1 | Ashley Marie Ch | Middle Name | Last Name | | |
| Debtor | | Kenneth Avery | | | | |
| (Spouse | if, filing) | First Name | Middle Name | Last Name | | |
| United | l States Ban | kruptcy Court for the: | MIDDLE DISTRICT OF T | ENNESSEE | | |
| Case r | number | | | | | Check if this is an amended filing |
| | cial For | | Affairs for Indivic | luals Filing for B | ankruptcy | 4/16 |
| Be as o | complete ar | nd accurate as possi | ble. If two married people a | re filing together, both are | equally responsible for su | |
| Part 1 | Give De | etails About Your Ma | arital Status and Where You | Lived Before | | |
| 1. W | hat is your | current marital statu | ıs? | | | |
| _ | l Manusad | | | | | |
| _ | Married Not marri | ied | | | | |
| 2. Du | uring the la | st 3 years have you | lived anywhere other than | where you live now? | | |
| | _ | st 3 years, nave you | iived allywhere other than v | where you live now : | | |
| | | | | | | |
| - | Yes. List | all of the places you i | ived in the last 3 years. Do no | ot include where you live now | V. | |
| D | ebtor 1 Pric | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | Idress: | Dates Debtor 2 lived there |
| | 255 archw Clarksville, | | From-To: 12/2016 - 11/2 0 | Same as Debtor | 1 | Same as Debtor 1 From-To: |
| | and territorie No Yes. Mak | s include Arizona, Ca | ver live with a spouse or leg lifornia, Idaho, Louisiana, New medule H: Your Codebtors (Of ar Income | vada, New Mexico, Puerto R | | |
| Fil | Il in the total you are filing | amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | III businesses, including part | -time activities. | endar years? |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$7,496.66 | ■ Wages, commissions, bonuses, tips | \$4,882.28 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Best Case Bankruptcy

| | | | | Debtor 1 | | Debtor 2 | | |
|----|--------------------------------|--|---|---|--|--|--|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | r last calei inuary 1 to | ndar year: December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$49,857.00 | ■ Wages, com bonuses, tips | missions, | \$23,651.81 |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$47,272.00 | ■ Wages, com bonuses, tips | missions, | \$20,954.22 |
| | | | | ☐ Operating a business | | Operating a | business | |
| | and other winnings. List each | public bene If you are fil | fit payments; ing a joint ca he gross inc | her that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat | est; dividends; money collector received together, list it of | cted from lawsuits; only once under De | royalties; an ebtor 1. | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Before You Filed for I | Bankruptcy | | | |
| 6. | □ No. | Neither De individual puring the No. Yes | ebtor 1 nor I primarily for a 90 days before Go to line i List below paid that co not include to adjustmen | each creditor to whom you pai reditor. Do not include paymen payments to an attorney for th t on 4/01/19 and every 3 years | d you pay any creditor a total d a total of \$6,425* or more ts for domestic support oblighis bankruptcy case. | al of \$6,425* or moi in one or more pay gations, such as ch | re? rments and t ild support a | he total amount you and alimony. Also, do |
| | ■ Yes. | During the | 90 days befo | or both have primarily consu ore you filed for bankruptcy, di | | al of \$600 or more? | | |
| | | □ No. ■ Yes | include pay | each creditor to whom you paid ments for domestic support of this bankruptcy case. | | | | |
| | Creditor | 's Name and | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this | payment for |
| | PO BO | in Financia K 1010 ille, IN 477 | | 1/2019, 2/2019 3/2019 | | \$19,714.00 | ☐ Mortgae ☐ Car ☐ Credit (☐ Loan R ☐ Supplie | Card |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

2018-CV-9318

Ashley M Lasley

2010-CV-6733

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Civil

First Industrial Corporation vs.

□ On appeal

□ Concluded

□ Pending

□ On appeal

Concluded

2 Millenium Plaza

Clarksville, TN 37040

Montgomery County

Clarksville, TN 37040

General Sessions

2 Millenium Plaza

| | btor 1 btor 2 | Ashley Marie Chambers Kenneth Avery Chambers | | Case number (if known) | |
|-----|-------------------|---|---|---|-----------------------|
| 10. | Within Check | n 1 year before you filed for bankrupt call that apply and fill in the details below | cy, was any of your property repossess | sed, foreclosed, garnished, attached | l, seized, or levied? |
| | | No. Go to line 11. | | | |
| | | es. Fill in the information below. | | | |
| | Cred | itor Name and Address | Describe the Property | Date | Value of the property |
| | | | Explain what happened | | |
| | Man C/O 301 | flight Realty and Property agement Runyon & Runyon Main St ksville, TN 37040 | Paychecks Garnished 5/4/18-\$392.84, 5/18/18-\$392.84, 6/1/18-\$392.84, 6/15/18-\$544.80, 6/29/18-\$479.97 7/13/18-\$379.77, 7/27/18-\$379.77, 8/10/18-\$425.81, 8/24/18-\$379.77, 10/5/18-\$393.62, 10/19/18-\$379.77, | | \$7,503.48 |
| | | | ☐ Property was repossessed. | | |
| | | | ☐ Property was foreclosed. | | |
| | | | Property was garnished. | | |
| | | | ☐ Property was attached, seized or lev | vied. | |
| | | t Industrial Corporation | Paycheck Garnished 3/8/19 | 3/8/19 | \$500.00 |
| | |) Ashland City Rd ksville, TN 37040 | ☐ Property was repossessed. | | |
| | · · · · · | , | ☐ Property was foreclosed. | | |
| | | | ■ Property was garnished. | | |
| | | | ☐ Property was attached, seized or lev | vied. | |
| 11. | accou | n 90 days before you filed for bankrup unts or refuse to make a payment bec No Yes. Fill in the details. | otcy, did any creditor, including a bank ause you owed a debt? | or financial institution, set off any a | mounts from your |
| | Cred | itor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
| 12. | court | n 1 year before you filed for bankrupt -appointed receiver, a custodian, or a No ⁄es | cy, was any of your property in the pos nother official? | session of an assignee for the bene | fit of creditors, a |
| Pai | rt 5: | List Certain Gifts and Contributions | | | |
| 13. | _ | n 2 years before you filed for bankrup | tcy, did you give any gifts with a total v | value of more than \$600 per person? | , |
| | | es. Fill in the details for each gift. | | | |
| | | with a total value of more than \$600 person | Describe the gifts | Dates you gave the gifts | Value |
| | Pers Addr | on to Whom You Gave the Gift and ess: | | | |
| 14. | I | n 2 years before you filed for bankrup No Yes. Fill in the details for each gift or con | tcy, did you give any gifts or contributi | ions with a total value of more than | \$600 to any charity? |
| | Gifts | or contributions to charities that tot than \$600 ity's Name | | Dates you contributed | Value |
| | Addr | 'ess (Number, Street, City, State and ZIP Code) | | | |

1

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | otor 1 otor 2 | Ashley Marie Chambers Kenneth Avery Chambers | | | Case number (| if known) | |
|-----|--|---|-------------------------------|---|---------------|--|---------------------------|
| Par | t 6: | List Certain Losses | | | | | |
| 15. | | in 1 year before you filed for bankru ambling? | iptcy or | since you filed for bankruptcy, did y | ou lose anytl | hing because of thef | t, fire, other disaster, |
| | _ | No Yes. Fill in the details. | | | | | |
| | | cribe the property you lost and the loss occurred | Include | be any insurance coverage for the lot the amount that insurance has paid. Lot ce claims on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost |
| Par | t 7: | List Certain Payments or Transfers | s | | | | |
| 16. | cons | in 1 year before you filed for bankru ulted about seeking bankruptcy or de any attorneys, bankruptcy petition p | preparin | g a bankruptcy petition? | | | rty to anyone you |
| | _ | No Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | í ou | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| | 157 Suit Enc | acus Credit Counseling 0 Ventura Blvd te 700 sino, CA 91436 w.abacuscc.org | | Credit Counseling Course | | 10/22/2018 | \$25.00 |
| | 127 Clai | Kennedy Law Firm S. Third St. rksville, TN 37040 n.maher.bk@gmail.com | | | | | \$0.00 |
| 17. | prom | in 1 year before you filed for bankru nised to help you deal with your cred ot include any payment or transfer that | ditors or | to make payments to your creditor | | r transfer any prope | rty to anyone who |
| | _ | No Yes. Fill in the details. | | | | | |
| | | son Who Was Paid ress | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| | PO | ington Law BOX 510290 t Lake City, UT 84151 | | \$25.00 | | 8/2018 | \$25.00 |
| 18. | trans Includinclud | in 2 years before you filed for bankreferred in the ordinary course of you de both outright transfers and transfers de gifts and transfers that you have alr No Yes, Fill in the details. | u r busine s made a | ess or financial affairs? s security (such as the granting of a s | | | |
| | Pers Add | son Who Received Transfer ress | | Description and value of property transferred | | any property or received or debts change | Date transfer was made |
| | Pers | son's relationship to you | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | otor 1 otor 2 | Ashley Marie Chambers Kenneth Avery Chambers | | | Case nu | mber (if known) | |
|-----|---------------------|---|---|---|-------------|--|---|
| 19. | benef | n 10 years before you filed for bankru iciary? (These are often called asset-pr | | r any property to | a self-sett | led trust or similar devic | e of which you are a |
| | □ Y | es. Fill in the details. | | | | | |
| | Name | e of trust | Description a | nd value of the p | roperty tra | nsferred | Date Transfer was made |
| Par | t 8: | List of Certain Financial Accounts, In | struments, Safe Dep | osit Boxes, and | Storage Ur | nits | _ |
| 20. | sold, Include house | n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, es, pension funds, cooperatives, asso No | or other financial acc | counts; certificat | es of depo | | |
| | Name | e of Financial Institution and Pess (Number, Street, City, State and ZIP | Last 4 digits of account number | Type of accinstrument | ount or | Date account was closed, sold, moved, or | Last balance before closing or transfer |
| | | | | | | transferred | |
| | PO E | k of America Box 15019 nington, DE 19886-5019 | XXXX- | ☐ Checking☐ Savings☐ Money M☐ Brokerag☐ Other | arket | 7/2018 | \$0.00 |
| | PO E | k of America Box 15019 nington, DE 19886-5019 | xxxx- | ☐ Checking ■ Savings ☐ Money M ☐ Brokerag ☐ Other | arket | 7/2018 | \$0.00 |
| 21. | • | u now have, or did you have within 1 or other valuables? | year before you filed | l for bankruptcy, | any safe d | eposit box or other depo | ository for securities, |
| | | No Yes. Fill in the details. | | | | | |
| | | e of Financial Institution ess (Number, Street, City, State and ZIP Code) | Who else had Address (Numb State and ZIP Code | per, Street, City, | Describ | e the contents | Do you still have it? |
| 22. | Have | you stored property in a storage unit | or place other than y | our home within | 1 year bef | ore you filed for bankrup | otcy? |
| | _ | lo /es. Fill in the details. | | | | | |
| | | e of Storage Facility ess (Number, Street, City, State and ZIP Code) | Who else has to it? Address (Numb State and ZIP Code | | Describ | e the contents | Do you still have it? |
| Par | t 9: | Identify Property You Hold or Contro | I for Someone Else | | | | |
| 23. | • | ou hold or control any property that so meone. | omeone else owns? I | Include any prop | erty you bo | orrowed from, are storing | g for, or hold in trust |
| | _ | lo 'es. Fill in the details. | | | | | |
| | | er's Name less (Number, Street, City, State and ZIP Code) | Where is the p (Number, Street, C Code) | | Describ | e the property | Value |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known)

| Part 10: | Give Details About Environmental Information |
|----------|--|
|----------|--|

| For the purpose of Part 10, the following definitions apply |
|---|
|---|

| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or |
|--|
| toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or |
| regulations controlling the cleanup of these substances, wastes, or material. |

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | |
|--|---|---|---|--------------------|--|--|
| Rep | port all notices, releases, and proceedings tha | t you know about, regardless of when | they occurred. | | | |
| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of a | any release of hazardous material? | | | | |
| | Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 26. | ve you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Par | rt 11: Give Details About Your Business or C | Connections to Any Business | | | | |
| 27. | Within 4 years before you filed for bankrupto | cy, did you own a business or have an | y of the following connections to any | y business? | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | | |
| No. None of the above applies. Go to Part 12. ■ Yes. Check all that apply above and fill in the details below for each business | | | | | | |
| | | in the details below for each business | i. | | | |
| | Business Name Address | Describe the nature of the business | Employer Identification numbe Do not include Social Security | | | |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | | | |
| | Catering Catering EIN: 986 Silty Dr Clarksville, TN 37042 From-To | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Debtor 2 Ashley Marie Chambers Kenneth Avery Chamber | | (if known) |
|---|---|---|
| 28. Within 2 years before you filed for institutions, creditors, or other par | bankruptcy, did you give a financial statement to anyone abourties. | ut your business? Include all financial |
| ■ No □ Yes. Fill in the details below. | | |
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |
| Part 12: Sign Below | | |
| are true and correct. I understand that is with a bankruptcy case can result in fin 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Ashley Marie Chambers Ashley Marie Chambers | /s/ Kenneth Avery Chambers Kenneth Avery Chambers | oney or property by fraud in connection |
| Signature of Debtor 1 | Signature of Debtor 2 | |
| Date March 21, 2019 | Date _March 21, 2019 | |
| Did you attach additional pages to Your ■ No □ Yes | ır Statement of Financial Affairs for Individuals Filing for Bankı | ruptcy (Official Form 107)? |
| Did you pay or agree to pay someone w ■ No | who is not an attorney to help you fill out bankruptcy forms? | |
| ☐ Yes. Name of Person Attach th | he Bankruptcy Petition Preparer's Notice, Declaration, and Signatur | re (Official Form 119). |

Best Case Bankruptcy

| Fill in this infor | mation to identify your case: | | |
|---------------------------------|--|---|--|
| Debtor 1 | Ashley Marie Chambers First Name Middle Name | Last Name | |
| Debtor 2 | Kenneth Avery Chambers | Edot Name | |
| (Spouse if, filing) | First Name Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: MIDDLE DISTRIC | CT OF TENNESSEE | |
| Case number | | | |
| (if known) | _ | | Check if this is an amended filing |
| O#: -: - 1 F - | 400 | | |
| Official Fo | | siduale Filipe Heder Chart | 7 |
| Statemer | nt of intention for indi- | viduals Filing Under Chapte | 2 |
| • | ividual filing under chapter 7, you must fi e claims secured by your property, or | Il out this form if: | |
| | sed personal property and the lease has r | | |
| You must file thi whiche on the | ever is earlier, unless the court extends the | r you file your bankruptcy petition or by the date se ne time for cause. You must also send copies to th | et for the meeting of creditors, e creditors and lessors you list |
| | eople are filing together in a joint case, bond date the form. | oth are equally responsible for supplying correct in | nformation. Both debtors must |
| | and accurate as possible. If more space i our name and case number (if known). | s needed, attach a separate sheet to this form. On | the top of any additional pages, |
| Part 1: List Y | our Creditors Who Have Secured Claims | | |
| | ors that you listed in Part 1 of Schedule [| D: Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| | editor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | |
| _ | neMain Financial | Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | ■ V ₂₋₂ |
| Description of | 2016 Dodge Grand Caravan 50000 miles | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property | JOOGO IIIIIGS | ☐ Retain the property and [explain]: | |

| Creditor's OneMain Financial name: Description of property securing debt: OneMain Financial care and | ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | □ No ■ Yes |
|--|--|------------|
| Creditor's People Security Finance name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of 2008 Chrysler 300 280000 miles property securing debt: | ■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ■ Yes |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

| Debtor 1 Debtor 2 | Ashley Marie Chambers Kenneth Avery Chambers | Case number (if known) | |
|---------------------------------------|--|--|-----|
| Lessor's n Descriptio Property: | ame: n of leased | □ No | |
| Lessor's n Descriptio Property: | ame: n of leased | □ No | |
| Lessor's n Descriptio Property: | ame: n of leased | □ No | |
| Lessor's n Descriptio Property: | ame: n of leased | □ No | |
| Lessor's n Descriptio Property: | ame: n of leased | □ No | |
| Lessor's n Descriptio Property: | ame: n of leased | □ No | |
| Lessor's n Descriptio Property: | ame: n of leased | □ No | |
| | Sign Below alty of perjury, I declare that I have indicated my intention about a | any property of my estate that secures a debt and any person | |
| property t | nat is subject to an unexpired lease. | s/S/ Kenneth Avery Chambers | iai |
| Ash | ley Marie Chambers | Kenneth Avery Chambers Signature of Debtor 2 | |
| Date | March 21, 2019 Date | March 21, 2019 | |

Statement of Intention for Individuals Filing Under Chapter 7

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|---------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| <u>+</u> \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

Best Case Bankruptcy

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court

| | Mi | iddle District of Tennesse | ee | | |
|----|--|--|--|--------------------------------|-----------|
| In | Ashley Marie Chambers re Kenneth Avery Chambers | | Case N | lo. | |
| | | Debtor(s) | Chapte | r 7 | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTO | RNEY FOR | DEBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the file be rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy | , or agreed to be p | aid to me, for services render | red or to |
| | For legal services, I have agreed to accept | | \$ | 1,100.00 | |
| | Prior to the filing of this statement I have received | d | \$ | 0.00 | |
| | Balance Due | | | 1,100.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed con | npensation with any other persor | n unless they are m | embers and associates of my | law firm. |
| | ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | | ïrm. A |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspec | cts of the bankrupto | cy case, including: | |
| | a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicate | atement of affairs and plan whic itors and confirmation hearing, a reduce to market value; ex ions as needed; preparation | th may be required and any adjourned cemption planni | thearings thereof; | g of |
| | 522(f)(2)(A) for avoidance of liens on h | _ | | | |
| 5. | By agreement with the debtor(s), the above-disclosed to Representation of the debtors in any other adversary proceeding. | | | nces, relief from stay ac | tions or |
| | | ~ | | | |

CERTIFICATION

| March 21, 2019 | /s/ John T. Maher |
|----------------|--------------------------------|
| Date | John T. Maher 19486 |
| | Signature of Attorney |
| | The Kennedy Law Firm |
| | 127 S. Third St. |
| | Clarksville, TN 37040 |
| | 931-645-9900 Fax: 931-920-3300 |
| | john.maher.bk@gmail.com |
| | Name of law firm |

United States Bankruptcy Court Middle District of Tennessee

| In re | Ashley Marie Chambers Kenneth Avery Chambers | | Case No. | |
|--------|---|---|----------|---------------------|
| | - | Debtor(s) | Chapter | 7 |
| Γhe ab | | AIFICATION OF CREDITOR MA | | of their knowledge. |
| Date: | March 21, 2019 | /s/ Ashley Marie Chambers Ashley Marie Chambers | | |
| | | Signature of Debtor | | |
| Date: | March 21, 2019 | /s/ Kenneth Avery Chambers Kenneth Avery Chambers | | |
| | | Signature of Debtor | | |

ASHLEY MARIE CHAMBERS 986 SILTY DR CLARKSVILLLE TN 37042

KENNETH AVERY CHAMBERS 986 SILTY DR CLARKSVILLLE TN 37042

JOHN T. MAHER
THE KENNEDY LAW FIRM
127 S. THIRD ST.
CLARKSVILLE, TN 37040

ADVANCE FINANCIAL 100 OCEANSIDE DR. NASHVILLE TN 37203

ADVANCE FINANCIAL 100 OCEANSIDE DR NASHVILLE TN 37203

BANK OF AMERICA ATTN: BANKRUPTCY PO BOX 982238 EL PASO TX 79998

CHASITY CHAMBERS

CLARKSVILLE HEALTH SYSTEM C/O MENDELSON LAW FIRM PO BOX 17235 MEMPHIS TN 38187-0235

CREDIT BUREAU SYSTEMS, INC. ATTN: BANKRUPTCY PO BOX 9247 PADUCAH KY 42001

CREDIT BUSINESS SERVICES, INC. ATTN: BANKRUPTCY PO BOX 4127 FORT WALTON BEACH FL 32549

CREDIT FIRST NATIONAL ASSOCIATION ATTN: BANKRUPTCY PO BOX 81315 CLEVELAND OH 44181

CREDIT ONE BANK ATTN: BANKRUPTCY PO BOX 98873 LAS VEGAS NV 89193 CREDITCENTRL
ATTN: BANKRUPTCY DEPT
703 S RIVERSIDE DR
CLARKSVILLE TN 37040

ERC/ENHANCED RECOVERY CORP ATTN: BANKRUPTCY 8014 BAYBERRY ROAD JACKSONVILLE FL 32256

FENTON & MCGARVEY LAW FIRM 2401 STANLEY GAULT PARKWAY LOUISVILLE KY 40223

FIRST INDUSTRIAL CORPORATION 1100 ASHLAND CITY RD CLARKSVILLE TN 37040

FIRST PREMIER BANK ATTN: BANKRUPTCY PO BOX 5524 SIOUX FALLS SD 57117

I C SYSTEM INC ATTN: BANKRUPTCY PO BOX 64378 ST PAUL MN 55164

IRS BANKRUPTCY DEPARTMENT PO BOX 7346 PHILADELPHIA PA 19101

LVNV FUNDING/RESURGENT CAPITAL ATTN: BANKRUPTCY PO BOX 10497 GREENVILLE SC 29603

MARINER FINANCE ATTN: BANKRUPTCY 8211 TOWN CENTER DR BALTIMORE MD 21236

MIDAMERICA BANK & TRUST COMPANY ATTN: BANKRUPTCY PO BOX 400 DIXON MO 65459

MONTGOMERY COUNTY GENERAL SESSIONS 2 MILLENIUM PLAZA CLARKSVILLE TN 37040

NATIONWIDE RECOVERY 501 SHELLEY DR STE 300 TYLER TX 75701 ONEMAIN FINANCIAL ATTN: BANKRUPTCY 601 NW 2ND STREET EVANSVILLE IN 47708

PEOPLE SECURITY FINANCE 1222-C SKYLINE DRIVE HOPKINSVILLE KY 42240

PERSONAL FINANCE COMPANY 2197 MADISON ST. STE 104 CLARKSVILLE TN 37040

PLAIN GREEN LOANS ATTN: BANKRUPTCY 1900 FROST RD STE 100 BRISTOL PA 19007

PORTFOLIO RECOVERY PO BOX 41021 NORFOLK VA 23541

RECEIVABLES PERFORMANCE MGMT ATTN: BANKRUPTCY PO BOX 1548 LYNNWOOD WA 98036

SERVICE LOAN CLARKSVILLE ATTN: BANKRUPTCY DEPARTMENT 636 BRADFORD STREET SW GAINESVILLE GA 30503

STEVEN T. ATKINS WATSON & ATKINS 320 FRANKLIN STREET CLARKSVILLE TN 37040

TEKCOLLECT INC PO BOX 1269 COLUMBUS OH 43216

TENNESSEE CHILD SUPPORT DEPARTMENT OF HUMAN SERVICES 400 DEADRICK STREET NASHVILLE TN 37243

WAKEFIELD & ASSOCIATES ATTN: BANKRUPTCY PO BOX 441590 AURORA CO 80044

WATSON LAW GROUP PLLC 2 MUSIC CIRCLE S, #102 NASHVILLE TN 37212

WESTERN SHAMROCK CORPORATION 801 SOUTH ABE STREET SAN ANGELO TX 76903